Dear Patient,

Welcome to our Hand and Upper Extremity surgical program. We are committed to providing you with the best possible care for your upcoming procedure.

Surgery Details:

- **Procedure:** [Insert Procedure Name]
- **Surgeon:** [Insert Surgeon Name]
- **Date of Surgery:** [Insert Date]
- **Arrival Time:** [Insert Time]
- **Location:** [Insert Facility Name and Address]

Pre-Operative Instructions:

- Do not eat or drink anything after midnight the night before your surgery.
- Please remove all rings, watches, and jewelry from the affected arm.
- Wear loose-fitting clothing that can easily fit over a bulky bandage or cast.
- Arrange for a responsible adult to drive you home and stay with you for 24 hours.

Medications:

Please stop taking any blood-thinning medications or herbal supplements [Number] days before surgery, unless otherwise directed by your doctor.

What to Bring:

- Photo ID and Insurance Card.
- A list of your current medications.
- Any braces or slings provided to you during your clinic visit.

If you have any questions or need to reschedule, please call our office at [Insert Phone Number].

We look forward to helping you on your road to recovery.

Sincerely,

[Insert Surgeon/Practice Name]
[Insert Department Name]